

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-375)</small>							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/522255</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL							TOTAL						
IND.	1						IND.						
DEP.	12						DEP.						
CLAIMS	13						CLAIMS						